



State of New Jersey
AGENCY REQUEST FOR PROPOSAL



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| VENDOR NAME AND ADDRESS: | RETURN THIS PROPOSAL TO: Department of Corrections Bureau of Accounting and Revenue Whittlesey Road, PO Box 863 Trenton, NJ 08625-0863 | DELIVER TO: New Jersey Dept. of Corrections Whittlesey Rd., P.O. Box 863 Trenton, NJ 08625-0863 |
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| NOTE: This proposal must be returned no later than 4:00 PM on the following date: February 4, 2011 | AGENCY PERSON TO CONTACT: Eugene Pryor eugene.pryor@doc.state.nj.us |
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| FISCAL YEAR | ACCOUNT NUMBER | AGENCY REF. NO. | |
| 2011 | | COHQ-003 | |

IMPORTANT INSTRUCTIONS TO BIDDERS: Read the entire bid proposal, terms and conditions, and specifications. Fill in all Information requested below. All bid prices must be typed or written in ink. Upon completion, this proposal must be signed and returned to the address shown above. Unsigned proposals will not be considered. Bidders using USPS regular or express mail services should allow additional time since USPS mail deliveries are not delivered directly to the Department of Corrections.

NOTE: SPECIFICATIONS AND TERMS AND CONDITIONS ARE ATTACHED.

| ITEM NO | QUANTITY | UNIT | DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION) | UNIT PRICE | AMOUNT |
|---------|----------|------|---|------------|--------|
| | | | USE THIS FORM FOR PRICING DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES FOR FEMALE INMATES AT EDNA MAHAN CORRECTIONAL FACILITY FOR WOMEN The NJDOC is seeking an agency to facilitate domestic violence and sexual assault treatment services at Edna Mahan Correctional Facility for Women. Participation in services will be voluntary for female inmates who have been victim of past incidents of domestic violence and/or sexual assault. The services shall include group counseling, individual counseling and music therapy. SPECIFICATIONS ARE ATTACHED Detailed program plans and initiatives conforming to the attached specifications must be submitted with the proposal. All Inclusive Proposal Pricing | | |

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| • PRICES ARE FIRM UNTIL THE FOLLOWING DATE: _____ | • TOTAL: \$ _____ |
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| CASH DISCOUNT | DATE OF DELIVERY | VENDOR'S FEDERAL I.D. NUMBER | VENDOR'S TELEPHONE NO. |
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| VENDOR'S SIGNATURE (Must Be Signed): _____ | PRINT OR TYPE NAME BELOW: _____ | DATE: _____ |
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